

MOUNTAIRE Time Off Request Form

Name Ray Leonard S.S.# 214-36-7208
 Date of Hire 1/24/81 Department Live House
☐ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE):
 Vacation _____

Personal/Floating
 Holiday - Calendar

Personal/Floating
 Holiday - Anniversary

Day/Date(s) Requested money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES THEY WILL COUNSEL ACCORDINGLY.

Ray Leonard
 Employee's Signature

Date

12/4/00

George Feddman
 SUPERVISOR'S SIGNATURE

DATE

12-5-2000

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYROLL

DEC 09 2000

WEEK ENDING

FORM 011 wpy:lee
 September 23, 1999

Feddman
 Ex #1
 paw 2/1/05

A00068

12-5-00; 12:02PM;

DMV PAYROLL

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MOUNTAIRE

Time Off Request Form

30 DEC 5 11

Name Ray Leonard S.S.# 214-36-7208
 Date of Hire 1/24/81 Department Live Haul
☐ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES THEY WILL COUNSEL ACCORDINGLY.

Ray M. Leonard 12/4/00
 Employee's Signature Date

George Feddman
 SUPERVISOR'S SIGNATURE

12-5-2000 ☐ APPROVED ☐ DISAPPROVED
 DATE

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PLA

Please do
 Manuel
 Check for Thurs.
 Thanks, Susan

DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 revised
 September 23, 1999

A00069

MOUNTAIRE Time Off Request Form

Name Ray Leonard S.S.# 214-36-7208
 Date of Hire 1/24/81 Department Live Haul 5620

☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation	<u>DAYROLL</u>	Personal/Floating Holiday - Calendar
	JAN 20 2001	Personal/Floating Holiday - Anniversary
WEEK ENDING <u>January 22 2001 - January 27 2001</u> - only 3 weeks		

Day/Date(s) Requested

January 22 2001 - January 27 2001
 I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Ray Leonard
 Employee's Signature

1/11/01
 Date

George Feldman
 SUPERVISOR'S SIGNATURE

1/11/01 ☒ APPROVED ☐ DISAPPROVED
 DATE

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS LATE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

Time Off Request Form

Name Ray Leonard S.S.# 214-36-7208
 Date of Hire 1/24/81 Department Live Hand 5620

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

(CHECK ONE):

Vacation

PAYROLL

Personal/Floating

Holiday - Calendar

81 JAN 15 3:15

JAN 20 2001

Personal/Floating

Holiday - Anniversary

WEEK ENDING

Day/Date(s) Requested January 22 2001 - January 27, 2001

only 1 week on 3 1/2
 I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Ray Leonard
 Employee's Signature

1/11/01
 Date

George Feldman
 SUPERVISOR'S SIGNATURE

1/11/01 ☒ APPROVED ☐ DISAPPROVED
 DATE

FOREMAN'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED
 DATE

SUPERINTENDENT'S SIGNATURE

PAYROLL 1-WK man. ✓
 JAN 27 2001 emp entitled
☐ APPROVED ☐ DISAPPROVED
 DATE WEEK ENDING 4 WKS
 Payroll e

PLANT MANAGER'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED
 DATE

FOR OFFICE USE ONLY: # OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

MOUNTAINE
Time Off Request Form

Name Roy Leonard S.S.# 214-36-7208

Date of Hire 1/24/81 Department Fire House

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

Sto

(CHECK ONE):

Vacation _____

Personal/Floating

Holiday - Calendar _____

Personal/Floating

Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Roy Leonard
Employee's Signature

Date

4/3/01

APR 3 12:00

George Leddeman
SUPERVISOR'S SIGNATURE

4-3-2001

DATE

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE _____

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____

DATE

☐ APPROVED ☐ DISAPPROVED

PAYROLL
APR 07 2001
WEEK ENDING

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FORM 011 wpr:dm
September 23, 1999

A00072

MOUNTAIRE

Time Off Request Form

JUL 3 11

Name Mason Tindley S.S.# 214-66-9500
 Date of Hire 2/7/80 Department Live Haul
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
_____	Personal/Floating Holiday - Anniversary <input checked="" type="checkbox"/>

Day/Date(s) Requested money only - Both

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Mason Tindley
 Employee's Signature

12/4/00
 Date

George Feddeman
 SUPERVISOR'S SIGNATURE

12-5-2000 ☐ APPROVED ☐ DISAPPROVED
 DATE

 FOREMAN'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 revised
 September 23, 1999

Please do
 named
 Check - Thms.
 Thanks

A00073

MOUNTAIRE

Time Off Request Form

Name Mason Tindley S.S.# 214-66-9500
 Date of Hire 2/7/80 Department Live House
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5621

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <u>✓ 130</u>
_____	Personal/Floating Holiday - Anniversary <u>✓ 135</u>

Day/Date(s) Requested money only - Both

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES THEY WILL COUNSEL ACCORDINGLY.

Mason Tindley
 Employee's Signature

12/4/00
 Date

George Feddeman
 SUPERVISOR'S SIGNATURE

12-5-2000 ☐ APPROVED ☐ DISAPPROVED
 DATE

 FOREMAN'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

PAYROLL

DEC 09 2000

WEEK ENDING

MOUNTAIRE

Time Off Request Form

Name William Tanna S.S.# 215-36-0756
 Date of Hire 10/13/97 ~~10/13/97~~ ~~10/13/97~~ Department Live Hand
10-13-1997
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 3620

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <u>X</u> <u>wk</u> <u>31610</u>
_____	Personal/Floating Holiday - Anniversary <u>✓</u>

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

William Tanna 11-22-00
 Employee's Signature Date

98 NOV 24 11

George Feddeman
 SUPERVISOR'S SIGNATURE

11-22-00 ☐ APPROVED ☐ DISAPPROVED
 DATE

FOREMAN'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

Doug Lynch
 SUPERINTENDENT'S SIGNATURE

11/24/00 ☒ APPROVED ☐ DISAPPROVED
 DATE

PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

PAYROLL

NOV 25 2000

WEEK ENDING

FORM 011 w/don
September 23, 1999

A00075

MOUNTAIRE

Time Off Request Form

Name William Tarmon S.S.# 215-36-0756Date of Hire 10/13/97 Department Pine Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar <input type="checkbox"/> Personal/Floating Holiday - Anniversary <input type="checkbox"/>
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Day/Date(s) Requested Money only 1WK

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

 Employee's Signature William Tarmon Date 11-22-00

00 NOV 24 11:

 SUPERVISOR'S SIGNATURE George Faddiman

 DATE 11-22-00 ☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED
 SUPERINTENDENT'S SIGNATURE Doug Lynch

 DATE 11/24/00 ☒ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYROLL

NOV 25 2000

WEEK ENDING

 FORM 011 wpc:km
 September 25, 1999

A00076

MOUNTAIRE

Time Off Request Form

Name Richard Parker S.S.# 212-40-7692

Date of Hire 12/21/89 Department Line Hand 0562

☐ UNION

☐ NON-UNION HOURLY

☐ SALARIED

(CHECK ONE):
Vacation



Personal/Floating
Holiday - Calendar

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested Dec 11, 2000 - Dec 16, 2000 1 wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Parker
Employee's Signature

11/29/2000
Date

George Feldman
SUPERVISOR'S SIGNATURE

11/29/2000
DATE

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYROLL

DEC 02 2000

WEEK ENDING

FORM 011 w/revise
September 23, 1999

A00077

MOUNTAIRE

Time Off Request Form

Name Richard Parker S.S.# 212-40-7692
 Date of Hire 12/21/89 Department Fire Hall
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar _____
_____	Personal/Floating Holiday - Anniversary <input checked="" type="checkbox"/>

Day/Date(s) Requested Dec. 7, 2000

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Parker
 Employee's Signature

11/29/2000
 Date

George Feddeman
 SUPERVISOR'S SIGNATURE

11/29/2000 ☐ APPROVED ☐ DISAPPROVED
 DATE

 FOREMAN'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 w/psd
 September 23, 1999

PAYROLL

DEC 09 2000

WEEK ENDING

MOUNTAINE Time Off Request Form

Name Richard Parker S.S.# 212-40-7692

Date of Hire 12/21/89 Department Fire Hall
☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5600

(CHECK ONE):

Vacation

Personal/Floating

Holiday - Calendar

☒

Personal/Floating

Holiday - Anniversary

Day/Date(s) Requested Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Parker
Employee's Signature

4/3/01
Date

OFF

George Leddeman
SUPERVISOR'S SIGNATURE

4-3-2001
DATE

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

PAYROLL
APR 05 2001
WEEK ENDING

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

FORM 011 w/dm
September 23, 1999

A00079

Time Off Request Form

Name Nathaniel White S.S.# 213-78-8701Date of Hire 5/8/00 Department Linehaul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

57220

(CHECK ONE):
Vacation _____Personal/Floating
Holiday - Calendar ☒ _____Personal/Floating
Holiday - Anniversary _____Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Nathaniel White
Employee's Signature3/7/01
Date

31 MAR 6 31

George Fedden
SUPERVISOR'S SIGNATURE3/7/2001
DATE ☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE _____

DATE _____ ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____

DATE _____ ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____

DATE _____ ☐ APPROVED ☐ DISAPPROVEDPAYROLL
MAR 10 2001
WEEK ENDING

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____